## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/5/8933

| CLAIMS AS FILED - PART I  |  |   |                                       |                                   |   |                  | SMALL ENTITY TYPE   |                        | OTHER THAN OR SMALL ENTITY |                     |                        |
|---|--|---|---------------------------------------|-----------------------------------|---|------------------|---------------------|------------------------|----------------------------|---------------------|------------------------|
| _   |  |   | (Column 1)                            |                                   | (   | (Column 2)       | ITPE                | <u> </u>               | OR<br>•                    | SMALL               | ENTITY                 |
| U.S   | . NATIONAL                                     | STAGE FEES  |                                       |                                   |   |                  | RATE                | FEE                    |                            | RATE                | FEE                    |
| BASIC FEE   |  |   | SMALL ENT.                            | . = \$ 150                        | LARGE ENT. = \$ 300                       |                  | BASIC FEE           |                        | OR                         | BASIC FEE           | 300                    |
| EXAMINATION FEE   |  |   | Satisfies PCT A<br>(4) = \$50         |                                   | All other situations =<br>\$ 100 / \$ 200 |                  | EXAM. FEE           |                        | 1                          | EXAM. FEE           | 280                    |
| SEARCH FEE  |  |   | U.S. is ISA = \$ ALL other cou        | untries =                         | All other situations = \$250 / \$500      |                  | SEARCH FEE          |                        |                            | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | mini                                  | minus 100 =                       |   | / 50 =           | X \$ 125 =          |                        |                            | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 2 mir                                 | 2 minus 20 = .                    |   |                  | X \$ 25 =           | _                      | OR                         | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS  |  |   | / minus 3 = ,                         |                                   | *   |                  | X \$ 100 =          |                        | OR                         | X \$ 200 =          | -                      |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR   | ESENT                                 |                                   |   |                  | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
| * If  | the difference                                 | in column 1 is  | less than zero                        | , enter "O                        | " in co                                   | olumn 2          | TOTAL               |                        | OR                         | TOTAL               | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS   HIGHEST |  |   |                                       |                                   |   | (Column 3)       | SMALL E             | OR                     | OTHER THAN OR SMALL ENTITY |                     |                        |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT                                       |                                       | NUME<br>PREVIO<br>PAID I          | BER<br>OUSLY                              | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **                                |   | =                | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
|   | Independent .                                  | *   | Minus                                 | ***                               |   | =                | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                                   |   |                  | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
|   |  |   | · · · · · · · · · · · · · · · · · · · |                                   |   |                  | TOTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |
|   |  | (Column 1)  |                                       | (Colum                            | ın 2)                                     | (Column 3)       |                     |                        |                            |                     |                        |
|   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                             |                                       | HIGHE<br>NUMB<br>PREVIO<br>PAID F | BER<br>USLY                               | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **                                |   | =                | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
|   | Independent                                    | *   | Minus                                 | ***                               |   | =                | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                                   |   |                  | + \$ .180 =         |                        | OR                         | + \$ 360 =          | ·                      |
|   |  |   |                                       |                                   |   |                  | TOTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |
| **  | f the "Highest Nu                              | mn 1 is less than the<br>mber Previously Paic<br>mber Previously Paic | For" IN THIS SP                       | ACE is less                       | than '20                                  | ', enter "20".   | ,                   |                        |                            |                     |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.